Section 9: Evaluation Plan for HIV Prevention

Updated: September 2001

Contents

INTRODUCTION

The key to understanding the effectiveness of HIV prevention programs is evaluation. Good evaluation produces information about needs, service use patterns, impacts and outcomes. It also gives a voice to clients' experiences, and allows service providers to learn about their programs so that they can make necessary changes to increase their effectiveness.

The HIV/AIDS Administration (HAA) and the HIV Prevention Community Planning Group (CPG) have developed this evaluation plan for the years 2000 through 2004 following the guidelines provided by the Centers for Disease Control and Prevention (CDC) in the CDC Evaluation Guidance and in CDC Announcement 99004.

The development and implementation of the evaluation plan is a shared responsibility of HAA and the CPG. The evaluation plan is composed of six sections

1. **Evaluating the Community Planning Process:** This section describes how HAA will continue to assess the extent to which the Five National Core Objectives guide the planning process.
2. **Designing and Evaluating Intervention Plans:** This section describes how HAA will continue to evaluate HIV prevention intervention plans to ensure they are based on the priorities established in the HIV Prevention Plan and are scientifically sound and feasible.
3. **Monitoring and Evaluating the Implementation of HIV Prevention Programs**: This section describes how HAA will continue to assess how funded organizations are implementing HIV prevention interventions, to ensure that contract requirements are met, that they are being implemented in an effective manner and that they are reaching the intended audience.
4. **Evaluating Linkages between the Comprehensive HIV Prevention Plan and Resource Allocation:** This section described how HAA will continue to assess the linkages between the priorities established in the HIV Prevention Plan and the annual funding application, and the linkages between the Plan's priorities and resource allocation.
5. **Monitoring Outcomes of Individual-and Group-Level Prevention Interventions:** This section describes how HAA will monitor the outcome of individual- and group-level interventions.
6. **Evaluating Outcomes of HIV Prevention Programs:** This section describes HAA's plans to conduct an outcome evaluation of one or more HIV prevention interventions.

1. Evaluating the Community Planning Process

The Center for Disease Control and Prevention's (CDC's) five National Core Objectives for community planning guide a continuing process of planning and evaluation that is undertaken annually by HAA and the CPG. Those objectives are:

Core Objective 1. Foster the openness and participatory nature of the community planning process.

Core Objective 2. Ensure that the community-planning group reflects the diversity of the epidemic in this jurisdiction and that expertise in epidemiology, behavioral science, health planning and evaluation are included in the process.

Core Objective 3. Ensure that priority HIV-prevention needs are determined based on an epidemiologic profile and a needs assessment.

Core Objective 4. Ensure that interventions are prioritized based on explicit consideration of priority needs, outcome effectiveness, cost effectiveness, social and behavioral science theory, and community norms and values.

Core Objective 5. Fostering strong, logical linkages between the community planning process, the comprehensive HIV Prevention Plan, the application for funding, and the allocation of HIV-prevention resources.

The overall goal of evaluating the community planning process is to document whether the community-planning group is taking the steps necessary to meet those core objectives. This includes:

- Ensuring that the planning process is open and participatory.
- Recruiting group members who are representative of the groups affected by the epidemic as well as experts in areas such as epidemiology, behavioral science, and evaluation.
- Conducting a needs assessment, resource inventory and gap analysis.
- Compiling an epidemiologic profile.
- Prioritizing target populations and interventions based on the needs assessment, epidemiological profile and scientific criteria on the effectiveness of interventions.
- Developing (and annually updating) a comprehensive HIV prevention plan that reflects those priorities.
- Funding and implementing activities that correspond to the plan.

Methods

The annual evaluation of the planning process is based on surveys of the CPG members, including the community and government co-chairs, and a review of documentation. The following records and resources are reviewed to assess the extent by which the planning process is guided by the five National Core Objectives:

- Minutes of CPG meetings
- CPG Bylaws and procedures
- Minutes, reports and procedures of Subcommittee meetings (which include information on the progress of the CPG in meeting the local objectives towards meeting the national objectives)
- CPG membership applications
- Annual CPG member surveys
- Annual CPG Co-Chair surveys
- Reports from the sub-grantee for logistics

The following table summarizes the sources of information that are used to obtain information for this evaluation:

Type Of Information	Source of Information						
	CPG Minutes & Reports	**CPG Member Applications**	**CPG Member & Co-Chair Surveys**	**Prevention Plan and Epidemiologic Profile**	**Sub-Committees Minutes & Reports**	**Logistical Support Reports**	**CPG By-laws & procedures**
Demographic Profile of the CPG							
a. Age		✓					
b. Gender		✓					
c. Sexual Orientation		✓					
d. Race		✓					
e. Ethnicity		✓					
f. Risk-factor		✓					
g. Expertise		✓					
h. Type of Organization		✓					
Core Objective 1: Foster the openness and participatory nature of the community planning process.							
a. Degree to which CPG makes efforts to recruit members who are representative of the community	✓		✓		✓	✓	✓
b. Degree to which CPG makes it easy for members to participate in community planning	✓		✓		✓		✓
c. Degree to which CPG responds to concerns about community planning from people not on the CPG.	✓		✓		✓		
d. Approaches used to recruit new CPG members	✓				✓	✓	✓
e. Approaches used to select CPG members	✓				✓	✓	✓
f. Type of training/technical assistance provided to the members	✓				✓	✓	

Type Of Information	Source of Information						
	CPG Minutes & Reports	**CPG Member Applications**	**CPG Member & Co-Chair Surveys**	**Prevention Plan and Epidemiologic Profile**	**Sub-Committees Minutes & Reports**	**Logistical Support Reports**	**CPG By-laws & procedures**
g. Degree to which members of the CPG feel conformable discussing issues openly even when there are disagreements			✓				
Core Objective 2: Ensure that the community-planning group reflects the diversity of the epidemic in this jurisdiction and that expertise in epidemiology, behavioral science, health planning and evaluation are included in the process.							
a. Adequate mix of people infected with and affected by HIV/AIDS on the CPG.	✓	✓			✓		
b. CPG members adequately reflect the population most affected by the HIV/AIDS epidemic in the jurisdiction.	✓	✓	✓	✓			
c. Expertise in epidemiology had a large enough influence on the planning process.			✓				
d. Expertise in behavioral science had a large enough influence on the planning process.			✓				
e. Expertise in health planning had a large enough influence on the planning process.			✓				
c. Expertise in evaluation had a large enough influence on the planning process.			✓				
Core Objective 3: Ensure that priority HIV-prevention needs are determined based on an epidemiologic profile and a needs assessment.							
a. The plan adequately incorporates data from epidemiological profile	✓		✓	✓	✓		

Type Of Information	Source of Information						
	CPG Minutes & Reports	**CPG Member Applications**	**CPG Member & Co-Chair Surveys**	**Prevention Plan and Epidemiologic Profile**	**Sub-Committees Minutes & Reports**	**Logistical Support Reports**	**CPG By-laws & procedures**
b. The plan adequately incorporates data from the needs assessment	✓		✓	✓	✓		
Core Objective 4: Ensure that interventions are prioritized based on explicit consideration of priority needs, outcome effectiveness, cost effectiveness, social and behavioral science theory, and community norms and values.							
a. Members explicitly consider socials and behavioral science theories	✓		✓	✓	✓		
b. Members explicitly consider community norms and values	✓		✓	✓	✓		
c. Members explicitly consider cost effectiveness	✓		✓	✓	✓		
d. Members explicitly consider known effectiveness of interventions.	✓		✓	✓	✓		
e. Members explicitly consider social and behavioral science theories	✓		✓	✓	✓		
f. Members explicitly consider priority needs of targeted population	✓		✓	✓	✓		
Core Objective 5: Fostering strong, logical linkages between the community planning process, the comprehensive HIV Prevention Plan, the application for funding, and allocation of HIV-prevention resources.							
a. Adequate time to review and comment on the comprehensive plan before it was sent to CDC			✓	✓			
b. The comprehensive plan adequately incorporates decisions made by the CPG.	✓		✓	✓			

Type Of Information	Source of Information						
	CPG Minutes & Reports	**CPG Member Applications**	**CPG Member & Co-Chair Surveys**	**Prevention Plan and Epidemiologic Profile**	**Sub-Committees Minutes & Reports**	**Logistical Support Reports**	**CPG By-laws & procedures**
c. Adequate time to comment on the health department's application for funding before it was submitted to CDC	✓		✓	✓			
a. How many months is one term on the CPG							✓
b. Number of meetings that all CPG members were expected to attend	✓						✓

HAA's Prevention and Support Services Division will continue to use (or develop as the need arises) the following instruments to conduct the systematic review:

- **A review form** to assess the extent to which the planning process is based on the five national core objective.
- **Surveys** which members and co-chairs will be asked to fill out yearly after submission of the annual application for funding to the CDC. The surveys will provide insight into the perceptions of the CPG members as to whether the planning process is guided by the National Core Objectives.

Resources

The Prevention Divisions' evaluator will conduct this evaluation, including the review of documents and the analysis of the member surveys.

Reporting

The Prevention Divisions' evaluator will prepare reports summarizing the findings of the evaluation activities, and submit them to the CPG for review, and to the CDC, by no later than November 30 of each year. The reports will:

- Document the extent to which the core objectives are being met; and
- Indicate what factors are affecting the implementation of community planning.

Review

The CPG membership, after reviewing the reports, will consider what actions to take, if any, to address any deficiencies identified during the evaluation process, in order to improve the planning process.

2. Designing and Evaluating Intervention Plans

HAA will continue to evaluate the HIV intervention plans of HAA-funded organizations to ensure that the plans:

- are developed in accord with the recommendations and priorities of the comprehensive HIV Prevention Plan and the requirements of solicitations issued by HAA;
- are scientifically sound and feasible;
- meet the standards established by the HIV/AIDS Administration and/or the CDC; and
- are implemented as intended.

The assessment of the design and evaluation of intervention plans are undertaken through the process of reviewing applications for funding. The process includes:

- Development of Requests for Proposals (RFPs) or Requests for Applications (RFAs), as well as other types of solicitation, for proposals based on the priorities set by the HIV Prevention Plan as well as the descriptions and guidelines on interventions contained in the HIV Prevention Plan.
- External and internal reviews of the proposals and applications submitted in response to the solicitations, to ensure that they meet the RFP/RFA requirements.
- Negotiations with candidates for funding, if needed, to review and or revise the intervention plans so they comply with the requirements of the solicitations, based the reviewers' recommendations.

Development of the RFA/RFP

By November 30, 2000, HAA's Prevention Division will review the standard language of the RFAs and RFPs to ensure that they clearly require that applicants follow the descriptions and guidelines on interventions contained in the HIV Prevention Plan in their applications and proposals. HAA will also review the requirements of the RFPs and RFAs to ensure that they request information that will give HAA a clear understanding of the soundness of the prevention programs and interventions being proposed and its interventions. At a minimum, the solicitations will require the following information:

Assessment of Need and Justification for the Proposed Activities

- Documentation of the need for the proposed program and activities and the degree to which the proposed activities are consistent with the HIV Prevention Plan;
- A description of the specific behaviors and practices that the interventions are designed to promote and prevent;

- Documented experience, capacity, and ability to address the identified needs and implement the proposed activities, including:
    a. How the applicant's organizational structure and planned collaborations will support the proposed program activities, and how the proposed program will have the capacity to reach targeted populations;
    b. Applicant's past and current experience in developing and implementing effective HIV prevention strategies and activities, and in developing and implementing programs similar to those proposed in the application;
    c. Applicant's experience and ability in collaborating with governmental and non-governmental organizations, including the Health Department, the CPG, and other organizations that provide HIV prevention services;
    d. Applicant's capacity to obtain meaningful input and representation from members of the target population/s and to provide culturally competent and appropriate services which respond effectively to the cultural, gender, environmental, social, and multilingual character of the target audiences, including documentation of any history of providing such services; and
    e. Plans to ensure capacity to implement proposed program where no direct experience or capacity currently exists within the applicant organization.

Program Plan

- A description of the involvement of the target population in planning, implementing, and evaluating activities and services throughout the project period.
- Process and outcome objectives that are specific, measurable, appropriate, realistic, and time-based, related to the proposed activities, and consistent with the program's long-term goals; and the extent to which the applicant identifies possible barriers to or facilitators for reaching these objectives.
- A plan for conducting program activities.
- A description of how the proposed interventions and services are culturally competent, sensitive to issues of sexual orientation, developmentally appropriate, linguistically-specific, and educationally appropriate.
- A detailed description of the scientific, theoretical, conceptual, or program experience foundation on which the proposed activities are based and which support the potential effectiveness of these activities for addressing the stated need.
- A detailed description of the system to be used by the organization to track referrals to counseling and testing, early intervention and other services, for the purpose of evaluating the effectiveness of referrals made as part individual- and group-level interventions.
- A detailed description of the organization’s plan to conduct a process evaluation of all interventions and outcome monitoring of individual-level and group-level interventions. The evaluation plan should include a plan for collecting data that

includes data sources, staff responsibilities for collecting and reporting the data, and a protocol for how the system will be implemented.

- A description and documentation of the current and proposed collaboration and coordination with other organizations serving the same priority population/s.
- A timeline that is specific and realistic**.**

HAA will develop an RFP/RFA Evaluation Form that will be used to ensure that each solicitation is based on the priorities set by the HIV Prevention Plan and that it covers all requirements associated with the implementation of the particular intervention/s that organizations are being asked to implement.

External and Internal Review of the Applications

The Office of Grants Management and Development of the District of Columbia coordinates the external review of proposals and applications. The external review teams use an Application Evaluation Form that spells out the criteria for review and assigns scores to each criterion listed above. Additionally, reviewers make recommendations for change if they find a proposal or application could be funded if the applicant makes changes to meet all requirements.

The Grants Management Office assembles all of the written reviews and provides the Prevention Division with the completed Evaluation Forms, a summary report listing the scores assigned by the reviewers, as well as any comments and/or recommendations made by the reviewers, including recommendations for funding.

At the same time, HAA staff conducts an internal review of all the applications, using the same Application Evaluation Form.

The Prevention Staff's Program Managers then review the results of the external and external evaluations to determine if there are major differences in the reviewers' scores and recommendations. If there are, a more detailed examination is undertaken, in order to reach consensus.

The Development of the Grant Agreement

HAA considers all of the scores and recommendations in selecting which programs to fund. Based on these considerations and recommendations provided by the external and interval review teams, HAA staff meets with the prospective grantee. Each organization has the opportunity to respond to issues of concern identified in the review. Corrective measures are then negotiated prior to the signing the grant agreement to ensure that funded interventions will reflect the priorities and guidelines set in the HIV Prevention Plan, as well as the requirements of the RFA. This process also allows HAA and the organization to identify any areas in which the organization may need technical assistance for the development, implementation or evaluation of the interventions.

3. Monitoring and Evaluating the Implementation of HIV Prevention Programs

HAA's Prevention Division will continue to monitor the implementation of HAA-funded HIV prevention programs, to document the characteristics of the individuals reached through prevention interventions, the services that were provided, and the resources that were used to deliver those services.

The goals of this monitoring are to ensure that contract requirements are met and that the interventions are being implemented in an effective manner; to help the funded organizations and HAA determine if any changes are needed in the implementation of the funded programs to improve the delivery of services; and to help HAA and the funded organizations determine the technical assistance needs of the providers.

To meet CDC requirements, HAA will expand this monitoring, starting with interventions implemented after January 1, 2001. Organizations funded after that date – as well as the manager's of HAA's own prevention programs – will be required to conduct process evaluations of their programs, collect the data described below, and report it monthly to the Prevention Division's program managers and the Division's evaluator. The evaluator will work with the Division's program managers to monitor the implementation of the grants, analyze the data and compile the aggregate reports that will be submitted to the CDC annually. The data to be collected include:

- Number of clients served, by demographic variables;
- Staff funded with CDC funds; and
- CDC funds expended on the interventions.

Other data will be collected depending on the intervention, as summarized in the following tables:

Individual- and Group-level Interventions	**Outreach**
# of interventions	# of interventions
Types of agencies	Types of agencies
Risk population	Risk population
Number and demographics of clients served	Number and demographics of clients served
Evidence basis	Evidence basis
Service plan	Service plan
# of counseling sessions provided	Number and type of prevention materials distributed
Settings	Settings
Staffing (including volunteers)	Staffing (including volunteers)
Expenditures	Expenditures
Types of referrals and follow through	

PCM # of interventions Types of agencies Risk population Number and demographics of clients served Serostatus of clients receiving of PCM sessions and how many sessions per client Average number of PCM sessions per client Staffing (including volunteers) Expenditures Types of referrals and follow through	**Partner Counseling and Referral** # of interventions Types of agencies Risk population Number and demographics of clients served # of partners identified # of notified partners counseled # of notified partners tested # of notified partners testing positive Staffing (including volunteers) Expenditures # and types of referrals and follow through
Health Communications / Public Information # of interventions Types of HC/PI interventions Types of agencies Risk population # of hotline callers Staffing (including volunteers) Expenditures	**Other Interventions** # of interventions # of interventions Types of agencies Type of "other interventions" Description of "other interventions" Staffing (including volunteers) Expenditures

Data Collection

The Prevention Division is developing an Evaluation Tool Kit, with assistance from the Strategic Planning & Program Evaluation Division, and an outside consultant. The tool kit will be used by the staff of funded organizations and the managers of HAA's own prevention programs (Partner Counseling and Referral, Public Information and Social Marketing) to document the characteristics of the people served through prevention interventions, the services that were provided, and the resources used to provide those services.

The information will be used by both HAA and the funded organizations to monitor the implementation of the interventions and determine if goals and objectives are being met. It will help providers and managers determine if any changes need to be made to improve the implementation of the programs.

The Evaluation Tool Kit will include:

- Guidance on developing and implementing an evaluation plan.
- Guidance on conducting process evaluations and outcome monitoring.
- Examples of data collection instruments to be used internally for process evaluations and outcome monitoring (e.g. pre- and post-intervention instruments to measure changes in KABB).

- Data collection instruments to be used to report demographic data, data on the type and number of services delivered, etc. to HAA, and instructions on using the instruments. These instruments will be provided in both printed and electronic form (a database), to facilitate the entry and transfer of data.

HAA has contracted with an outside consultant to review the tool kit, add any necessary materials, develop the database, and train the staff of HAA's Prevention Division and of funded organizations in the use of the Tool Kit and the database. The consultant expects to complete the revision of the Tool Kit by April 1, 2001.

In 2001, the Tool Kit will be distributed to all funded-organizations at the start of their contracts. Subsequently, it will be distributed to all organizations as part of the Prevention Division's solicitations (RFAs/RFPs), so it can be used as reference material in the development of the applications for funding.

As part of this process, the Prevention Division's evaluator will conduct an assessment to determine the training and technical assistance needs of grantees related to the development and implementation of evaluation plans and to the use of the Tool Kit.

4. Evaluating Linkages between the HIV Prevention Plan and Resource Allocation.

HAA annually evaluates the linkages between the HIV Prevention Plan and the annual application for funding, to ensure that the populations for whom services will be funded with funds from the application, and the interventions to be funded for those populations, match the priorities and recommendations of the Prevention Plan. A similar assessment is conducted for all interventions funded by the CDC with supplemental funds, as well as for interventions funded with District-appropriated dollars. Whenever there is a deviation from the recommendations, it must be justified to the CPG and the CDC.

HAA will continue to conduct these assessments, using the table suggested by the CDC:

Target Populations and Interventions	Interventions in the CDC Funding Application	
	... that match a recommendation in the plan	...that do not match a recommendation in the plan
Target Population #1:		
Intervention #1		
Intervention #2		
Intervention #3		

Starting with interventions funded after January 1, 2001, HAA will also conduct an evaluations to determine the links between the prioritized populations and interventions in the HIV Prevention Plan and the allocation of CDC resources, using a similar table.

The review of prevention programs funded by HAA with CDC funds will include a review of all grant agreements to determine which interventions recommended in the Plan were funded, which recommended interventions were not funded, and which interventions that were not recommended were funded. Whenever there is a deviation from the recommendations, HAA's program managers and the Prevention Division's evaluator will seek to determine the reason/s and make recommendations to the CPG regarding future prioritization of populations and/or interventions if warranted by circumstances (e.g. no organization applied for the funding, an emerging population that was not prioritized is receiving services, or an organization is implementing an intervention that was not recommended but was deemed necessary to supplement other interventions, such as providing individual prevention counseling to participants in group-level interventions).

In addition, HAA will attempt to determine, through an annual inventory of prevention resources, whether interventions funded through other sources of funding match the interventions recommended in the Plan. To conduct the inventory, HAA has developed a survey form similar

to the aggregate forms used to report process evaluation data to the CDC. Each organization is asked to fill out a form for each targeted population, and to identify the interventions it is implementing and the source of funds used to implement the interventions.

This annual review and resource inventory will be conducted by the evaluator, with reports due within two months after the end of the grant year.

5. Monitoring Outcomes of Individual-and Group-Level HIV Prevention Interventions

I. Introduction

Outcome monitoring refers to efforts to track the progress of clients or a program based upon outcome measures set forth in program goals objectives. These measurements assess the effects of specific intervention activities on client outcomes: knowledge, attitudes, beliefs and behaviors (KABB). Anticipated outcomes should be stated in measurable terms in intervention plans and based on a program model (e.g., there should be a basis in formal or informal theory).[1]

Usually, it is easier to collect process information about prevention program activities than about program outcomes and impacts. Outcome monitoring provides information about how programs were actually implemented and how effective the interventions were in changing participants' knowledge, attitudes, beliefs and behaviors. This section of the evaluation plan describes the steps that HAA will take to implement outcome monitoring of group-level interventions implemented by several HAA-funded community-based organizations (CBOs).

HAA chose to use GLIs for outcome monitoring for several reasons. GLIs are recommended for 15 of the 17 populations prioritized by the CPG and the majority of HAA's prevention sub-grantees implement them. In addition, GLIs reach a relatively large target audience, there is sufficient contact time to impact the participants, program fidelity can be monitored and KABB can be measured through pre- and post-intervention tests.

The overall design is based on the CDC'S requirement that HAA conduct outcome monitoring of interventions implemented by 10% of HAA's sub-grantees in 2002, and by 20% of sub-grantees in 2003. HAA will conduct outcome monitoring of three (3) sub-grantees in 2002 and of three (3) additional sub-grantees in 2003, for a total of six (6) sites in the second year.

Since December 2000, HAA has required that those sub-grantees that provide individual-level interventions, prevention case management and group-level interventions conduct outcome monitoring of those interventions. In 2001, HAA assessed the evaluation capacity of each sub-grantee. The assessment found that the majority of the HIV prevention sub-grantees required some level of capacity building technical assistance in outcome monitoring and other evaluation activities.

HAA decided to provide capacity building training and technical assistance in outcome monitoring to all HAA prevention sub-grantees, including workshops and individual consultation. In addition, HAA will provide more intensive assistance to the six sub-grantees that will participate the 2002 and 2003 outcome monitoring activities.

This outcome-monitoring plan describes what will happen with the first set of sub-grantees selected for intensive evaluation capacity building, including the site selection process, the capacity building objectives in preparing the sites for outcome monitoring, the outcome monitoring plan and reporting requirements. HAA will gather the information from each of the participating sites. Based on CDC reporting requirements, HAA will produce reports in April 2002 and April 2003 inclusive of all the required information.

[1] CDC Guidance III-16 & VI-3

II. Site Selection for Outcome Monitoring

In March 2001 HAA conducted an assessment of the evaluation capacity of all prevention sub-grantees. The primary purpose of the assessment was to determine sub-grantees' level of readiness to conduct an outcome monitoring evaluation. Specifically, the instrument assessed whether or not the sub-grantees:

- Have in place curricula or program guidance documents with measurable goals and objectives
- Have an outcome monitoring plan
- Have instruments to monitor intervention implementation
- Have pre-intervention, post-intervention and follow up instruments to measure changes in KABB based on their outcome objectives, and instruments to assess participant satisfaction with the intervention
- Have database systems and statistical software in place (i.e., SPSS) and familiarity with the statistical software
- Have a data analysis plan
- Have reports summarizing outcome monitoring activities, findings, and recommendations from prior interventions
- Have implemented changes in their programs as result of those monitoring activities
- Have avenues for disseminating the findings of outcome monitoring

In addition to assessing the CBOs' readiness to conduct outcome monitoring, the instrument assessed the organizational characteristics of the sub-grantees, including fiscal stability, infrastructure, targets served, types of programs conducted and the evaluation capacity of their staff. Upon careful analysis of the assessment, HAA determined that most sites would require capacity building before engaging in outcome monitoring.

HAA decided to implement a two-pronged approach: to provide training on evaluation for all sub-grantees and to provide intensive training and technical assistance to the six CBOs that were selected to participate in the 2002 and 2003 outcome monitoring activities. The capacity building activities began with two days of training on evaluation in May 2001.

A subcontractor with expertise in conducting CBO evaluations is providing the general training on evaluation for all sub-grantees. This same capacity building provider will assist staff from HAA's Strategic Planning and Evaluation Division to provide intensive capacity-building training and technical assistance to the six sites selected for the outcome monitoring activities. A participatory process involving HAA and those six sub-grantees will drive the capacity building activities. During this period, HAA will continuously assess the sub-grantees progress and will document results and recommendations.

III. Preparing Selected Sites for Outcome Monitoring

All capacity building activities will be specifically designed to prepare and assist each of the six sub-grantees to conduct outcome monitoring. This includes preparing sites for outcome monitoring, implementing an outcome monitoring and synthesizing and sharing outcome-monitoring findings. HAA will assist this group of sub-grantees to prepare to implement outcome monitoring of their group level intervention. HAA will provide individualized technical assistance to the sub-grantees, as needed, during the implementation of outcome monitoring and report writing. The following describes the steps HAA will take to assist each sub-grantee in preparing for and implementing outcome monitoring. Upon the completion of each of the following steps, HAA will document progress, results and recommendations.

Step 1: Content Analysis of Intervention Material

HAA will work closely with each sub-grantee and conduct a content analysis of all intervention materials at each site. The purpose of the content analysis will be to ensure the existence of relevant and scientifically sound intervention curricula or intervention guidance. Intervention materials could include needs assessment data, intervention curricula, pre-existing evaluation instruments, pre-existing data or reports. Special care will be taken to determine if intervention outcome objectives and intervention activities are responsive to the needs of the community. Table 1 provides guidance on evaluating the relevance and scientific soundness of interventions.

Table 1: Evaluating the Choice of Interventions [2]

Relevance	Interventions that correspond with high priority strategies in the comprehensive HIV prevention plan reflect the central issues of HIV prevention community planning: "Does health department resource allocation mirror the strategies prioritized in the comprehensive HIV prevention plan?" In terms of relevance, an intervention that is consistent with a priority in the comprehensive HIV prevention plan (or a previous needs assessment at the local level) can be considered relevant to the jurisdiction.
Scientific Soundness	The scientific merit of a proposed intervention can be evaluated in terms of: 1) Whether the intervention has a basis in scientific evidence 2) The anticipated strength and duration of the intervention Scientific evidence can be in the form of prior evaluation or research that supports the intervention approach or a theory that provides testable assumptions about the relationship between the intervention and its intended outcomes. The more similar the populations and settings of the prior research, the greater the likelihood that the proposal intervention will be similar to prior research findings.

[2] CDC Guidance III-15

Upon determining that an intervention is relevant and scientifically sound, the content analysis will focus on the quality of the outcome objectives. Well-written outcome objectives provide the foundation for measuring intervention effectiveness. They are statements of the intended effects of the intervention, such as increasing knowledge about HIV, changing risk-related behavior, promoting community norms for safer sex and reducing HIV transmission.[3] Outcome objectives are derived from a careful needs assessment and a review of the scientific literature to assess "best practices" in HIV prevention. Table 2 below describes the components of well-written or SMART outcome objectives.

Table 2: SMART Characteristics of Goals and Objectives

Characteristics	Questions to Guide the development of goals and objectives
Specific	• Are objectives stated as changes in particular behaviors? • Is the amount of change expected made explicit? • Can the change be achieved through one intervention?
Measurable	• Can the objective be measured in such a way that the success of the intervention can be determined? • Can these numbers or facts be presented in a report? • Are there data to compare these data with? (e.g., from a baseline or a control group)
Appropriate	• Are these objectives culturally and educationally appropriate? • How will the community accept this program? • Does the intervention fill a gap in current services?
Realistic	• Are the goals and objectives attainable given the level of risk and the anticipated difficulty changing the risk behavior(s)? • Can the providing agency implement the proposed intervention? • Are the resources available to achieve the stated objectives?

Once HAA is certain that an intervention is predicated on SMART outcome objectives, the next step in the content analysis will be to examine the linkages between the outcome objectives and process objectives. Process objectives focus on the projected amount, frequency, and duration of intervention activities and the number and characteristics of people to be served.[4] Table 3 below illustrates the connection between SMART outcome objectives, program implementation, and outcome monitoring.

[3] CDC Guidance, VI-3-5
[4] CDC Guidance, VI-3-5

Table 3

SMART Outcome Objectives		Process Objectives		Outcome monitoring
HIV Prevention Intervention Plan	→	HIV Prevention Program Implementation	→	Measure Pre-Post Changes in Knowledge, Attitudes, Beliefs, Behaviors

Good Intervention and Implementation Plans
Provide a Foundation for Prevention Outcomes!

Adapted from CDC Guidance, VI-1

Upon completion of the content analysis, HAA will be able to identify areas where sites need assistance in developing or modifying their existing intervention plans. As needed, sites will be given assistance with a range of intervention planning activities such as conducting further needs assessments to ensure intervention relevance; assisting sites with developing SMART outcome objectives; developing corresponding process objectives; and identifying existing curricula or developing new curricula. When the group-level interventions have SMART objectives and structured curricula, HAA will assist the sites in developing an outcome-monitoring plan.

Step 2: Develop Outcome Monitoring Evaluation Plan

HAA will work closely with each selected sub-grantee to develop their outcome-monitoring plan. For each data collection activity, the outcome monitoring plan will describe the data collection sources, data collection methods, key evaluation questions to be answered, the time line for developing instruments and collecting data (e.g., pre/post/follow-up), and who is responsible for instrument development and survey administration. The outcome monitoring evaluation plan will be the blueprint that guides all data collection activities and will help to keep all parties on task and on time.

Step 3: Develop Instruments to Monitor Intervention Implementation

In order to determine if the intervention is being implemented as planned, HAA will assist sites with the development of tracking logs to monitor program implementation. The tracking logs will help sites to determine the extent to which the intervention is being implemented with fidelity; the barriers and supports encountered during implementation, and intervention areas that need improvement. It will be essential to monitor implementation of the intervention when conducting outcome monitoring. Careful monitoring, using the tracking logs, will help to ensure that the intervention is being implemented as planned and that the outcome objectives can be accurately measured.

Step 4: Develop Instruments to Measure Changes in KABB and Participant Satisfaction

HAA will assist sites with the development of instruments to measure changes in KABB and participant satisfaction. The pre-test, post-test, and follow up instruments will be developed specifically to measure achievement of the outcome objectives. For example, each survey item will be carefully crafted to measure intended outcomes in participants' knowledge, attitudes, beliefs, and behaviors as set forth in the outcome objectives. Relevant socio-demographic information will also be collected. A participant satisfaction survey will be developed and administered at the same time as the post-test. The satisfaction survey will assess participants' perceptions of the intervention including strengths, weaknesses, recommendations for improvement, and satisfaction with specific intervention components (e.g., specific activities) and characteristics (e.g., facilitators etc.)

Step 5: Ensure Sites Have Database Management Systems in Place (i.e., SPSS)

HAA will work closely with each site to ensure that project staff has the necessary systems in place to enter and analyze data collected during the outcome monitoring evaluation. In addition, HAA will provide each site with the necessary training and support to ensure that staff are comfortable using the statistical software, that they can develop a simple data analysis plan, and that they can execute that plan to examine their outcome monitoring data. Outcome monitoring plans will be developed in accordance to CDC's reporting requirements.

Once the GLI curricula is fully prepared, instruments are developed, sites have statistical data bases is in place, and staff have been trained to design and execute basic data analysis plans, sites will be ready to implement their outcome monitoring plan. At this point, the role of the capacity building provider is complete and HAA prevention staff will step in to provide technical assistance as site implement their outcome monitoring plans.

IV. Implementation Outcome Monitoring Plan for 2002

In years 2002 and 2003, the initiation of outcome monitoring activities will be staggered across sites. In 2002, three sub-grantees will conduct outcome monitoring. Due to variations in the life cycles of interventions across the sites (they will naturally begin and end at different times), the order of selection will be dependent on when each site's intervention begins and their readiness to engage in outcome monitoring. HAA expects that the first site will be ready to begin data collection no later than the end of January 2002, the second by the end of February 2002 and the third by the end of March. 2002.

Step 1: Data Collection

In order to ensure appropriate methodology, HAA will assist sites in developing data collection procedures. Technical assistance will include development of introduction / instructions to survey instruments, informed consent, confidentiality, referral information, and the correct use of unique identifiers to track respondents pre, post and follow-up.

Step 2: Data Entry, Cleaning, and Analysis

HAA will request that sites enter all data within two weeks of data collection. HAA prevention staff will provide technical assistance to ensure that site staff are entering and cleaning the data properly. Once the data is entered and clean, site staff will execute the data analysis plan. The plan will consist of frequency analysis or descriptive statistics of all variables including demographics. In addition, appropriate inferential analysis (e.g., T-tests, ANOVA) will be conducted to examine pre to post test changes in KABB and participant satisfaction.

Step 3: Report Writing

Each sub-grantee will prepare for HAA an interim and a final report of their outcome monitoring activities. The interim reports will include a detailed description of the target population, the intervention, and findings from implementation tracking logs and findings from the pre-tests. In addition, the sub-grantee will summarize the findings and discuss any mid-course modifications that need to be made to the intervention as a result of the data. Additionally, each sub-grantee will address barriers and supports faced in implementing their programs.

Upon completion of the outcome monitoring activities for program year 2002, each sub-grantee will prepare and submit a final written report to HAA. The final report will include all information recorded in the interim report or any modification implemented either in the design of the intervention activity or the delivery as a result of the first phase of the evaluation. The final report will include aggregated information about the Group-Level HIV Prevention Intervention:

- Objectives
- Methodology
- Target population
- KABB analysis results
- Effectiveness of the intervention in changing perception and risk behaviors among participants.
- Barriers encountered in implementing the program
- Participants' satisfaction with the program
- Recommendations for program improvement
- Copies of all data collection instruments

Step 4: Integrate Outcome Monitoring Findings

HAA will conduct a debriefing meeting with each sub-grantee to discuss lessons learned, to assess reaction to the outcome monitoring process, and to identify avenues to disseminate findings (i.e., CPG sub-committees and work groups, local conferences, and cross site sub-grantees). HAA will gather all of the information and review lessons learned. HAA will incorporate the recommendations into existing programs, technical assistance activities, future program solicitations instruments (request for applications, request for proposals, etc.) and community planning activities.

V. Reports from HAA to the CDC

After the implementation of outcome monitoring activities is completed, HAA will review all interim and final reports submitted by the sub-grantees. Using the following CDC reporting requirements, care will be taken to report the outcome monitoring activities of each participating site:

- Names and affiliations of evaluators conducting the outcome monitoring
- Intervention Type/s
- Intervention goals and outcome objectives
- Target population/s
- Evidence and justification for the intervention
- Copy of Instruments/Data collection tools
- Methods of data collection and statistical analysis
- Appropriate descriptive statistics, including client demographics
- Summary of findings
- How results will be used for program improvement

HAA intends that the sites conducting outcome monitoring in 2002 will also participate in 2003. This will give the 2002 sites the opportunity to improve their interventions in 2003 based upon lessons learned in 2002. Three additional sites will be added in 2003 for a total of 6 sites in that year. As with 2002, 2003 sites will initiate outcome-monitoring activities based on the order in which they commence and their level of readiness to begin collecting data**.**

6. Evaluating Outcomes of HIV Prevention Programs

In August 2001, the CDC informed Health Departments that those departments meeting human subjects requirements were invited to pursue outcome evaluation. CDC is permitting others to conduct outcome monitoring as an alternative to outcome evaluation.

Due to the complexities involved in conducting this type of evaluation, HAA will exercise the option to conduct outcome monitoring for 2002 and 2003.

The plan to conduct outcome monitoring is included in Section 5 of this Evaluation Plan.